

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/779,542
	Filing Date	February 13, 2004
	First Named Inventor	D.M. SHACKELFORD
	Art Unit	2186
	Examiner Name	Sheng Jen Tsai
	Attorney Docket Number	SJO920030039US1

Please Change the Correspondence Address for the above-identified patent application to:

☒ Customer Number: **33224**

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)					
I am the: <ul style="list-style-type: none"> <input type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or Agent of Record. Registration Number <u>Registration No. 39,867</u> <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____. 					
Typed or Printed Name: David W. Victor					
Signature: /David Victor/					
Date: February 9, 2009			Telephone: (310) 553-7977		
Note: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*					

☒ *Total of 1 form is submitted.